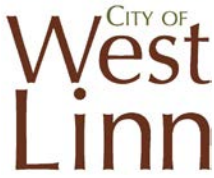




City of West Linn Planning Department
Sign Review Application



FOR STAFF TO COMPLETE:

SGN - _____

FEE: _____

STAFF CONTACT: _____

Business Owner Information

Business Name: _____

Owner Name: _____

Email: _____

Phone #: _____

Address: _____

West Linn Business License #: _____

Property Owner Information

Name: _____

Email: _____

Phone #: _____

Address: _____

Contractor Information

Name: _____

Email: _____

Phone #: _____

Address: _____

CCB #: _____

Local License: West Linn License Metro License

Local License #: _____

Sign Information (mark all that apply)

Is it new or are you altering an existing sign?

New Sign Alteration to Existing Sign

Is it freestanding, or is it attached to a building?

Freestanding Attached to Building

Is it temporary (< 60 days a year) or permanent?

Temporary Permanent

Is it illuminated?

Yes No

List the dimensions of each sign below in the space provided. If they are attached to a building, list the dimensions of the façade / wall they are attached to:

Sign 1

_____ (height) x _____ (width) = _____ (area)

Façade 1

_____ (height) x _____ (width) = _____ (area)

Sign 2

_____ (height) x _____ (width) = _____ (area)

Façade 2

_____ (height) x _____ (width) = _____ (area)

Sign 3

_____ (height) x _____ (width) = _____ (area)

Façade 3

_____ (height) x _____ (width) = _____ (area)

If you have more signs, provide their info on an extra page.

REQUIRED ATTACHMENTS:

- A dimensioned site plan that shows the location of the sign(s) relative to existing features on site.**
- An elevation view drawing of the sign that includes both sign and façade dimensions.**

I certify that I am the owner or authorized agent of the owner, the information provided in this application is correct, and the sign(s) will be installed and operated in compliance with this application and the City of West Linn Community Development and Municipal Codes:

APPLICANT: _____ **DATE:** _____

COMPANY: _____

The undersigned property owner authorizes this application and grants city staff the right of entry onto the property to review the application. The parties agree to comply with all code requirements applicable to this application.

BUSINESS OWNER: _____ **DATE:** _____

PROPERTY OWNER: _____ **DATE:** _____